

PEI Revenue and Expenditure Budget Worksheet

**Enclosure
3A**

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name:

Date: _____

PEI Project Name:

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served:

FY 07-08 _____

FY 08-09 _____

Total Number of Individuals currently being served:

FY 07-08 _____

FY 08-09 _____

Total Number of Individuals to be served through PEI

Expansion:

FY 07-08 _____

0

FY 08-09 _____

0

Months of Operation:

FY 07-08 _____

FY 08-09 _____

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
_____			\$0
_____			\$0
_____			\$0
b. Benefits and Taxes @ _____ %			\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$0	\$0
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$0	\$0
6. Total In-Kind Contributions	\$0	\$0	\$0